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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/309,239 07/31/2001 *ASL*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*none ASL*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 23	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 9
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35 USC 119 (a-d) conditions met ☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged  
 Examiner's Signature *Harmon* Initials *ASL*

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TITLE  
 MULTIPLE CHANNEL DATA BUS CONTROL FOR VIDEO PROCESSING

FILING FEE  RECEIVED 793	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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